

Monthly Activities Report Essential School Health Services Program

2007-2008 School
Year

1. Month in which these health encounters occurred: _____/_____/_____ District: _____
month year

2. Person completing report (include Name and Position): _____

3. Health Services Activity

Number of student and staff health encounters this month. (*Do not count health screenings or casual conversations*)

	Office Visit Types						
	Injury/ First Aid	Illness Assessment ¹	Mental / Behavioral Health Support ²	Individual Health Ed.	Other Encounters	Scheduled Medications	Scheduled Procedures
STUDENT ENCOUNTERS							
STAFF ENCOUNTERS							

Note: It is assumed that every encounter will include nursing assessment and health education. When the primary issue is health education and does not include illness or injury, the individual health education category should be used.

¹ An illness encounter may include illness assessment, acute illness, chronic health condition, etc. It excludes scheduled medication administrations (e.g. daily med administration for ADHD) and scheduled procedures (ostomy care, scheduled glucose testing).

² Mental/Behavioral Health Support includes any encounter requiring active listening, anticipatory guidance, stress management, altered mental health status or behavior modification/program support. The primary reason for the encounter is related to a mental/behavioral health need.

4. Incident Reports Involving an Injury

Number this month

- Injury Reports filed this month by the school nurse
- Unintentional
- B. Intentional
- C. Intent unknown

I. Students	II. Staff

(Do not count minor injuries or injuries requiring minor first aid, only major injuries in which a report was filed.)

5. Emergency Referrals

- A. 911/Ambulance transport calls
- B. Other referrals to *emergency* health services*

*Including transportation to emergency services by parents

I. Students	II. Staff

6. Disposition After Nursing Assessment (all encounter types)**

Dispositions this month:

Dismissals from school

- i. Dismissed from school due to illness/non-injury
- ii. Dismissed from school due to injury

B. Returned to class

To calculate RTC: The sum of all encounters in #3, less the dismissals and other dispositions in 6A and 6C.

C. Other disposition (e.g. stayed in health room, referred to Counselor's office, sent home to return later that day.)

I. Students	II. Staff

**EVERY nursing evaluation encounter should result in ONE disposition only.

7. Medication Management

Number of daily and PRN *prescriptions* kept on file, and *doses* administered or supervised by school nurses, for each of the following types of medication, *based upon usage*:

Students					
Type of Medication	Scheduled Prescriptions ³	Scheduled Doses Administered	PRN Prescriptions	PRN Doses Administered per Prescription	PRN Doses Administered per School Protocol ⁴
1. Analgesics					
2. Antibiotics					
3. Anticonvulsants					
4. Antihypertensives					
5. Antihistamines					
6. Asthma Medications					
7. Epinephrine (non asthma related)					
8. Insulin					
9. Psychotropic Medications					
10. Other Prescription/OTC Medications ⁵					
	Total	Total	Total	Total	Total

Staff	
Types of Medication	Doses Administered
1. Epinephrine (non-asthma related)	
2. Prescription Medication	
3. OTC/PRN Medication	
Total	

³Scheduled medications are those that are ordered to be given on a scheduled basis (qd, bid, q4h, etc).

⁴Medications administered by school protocol consistent with the Board of Registration in Nursing's requirements and signed by the school physician.

⁵Other Prescription Medications/OTC: Count prescription and over the counter medications that do not fall into one of the above medication categories.

Examples of other prescription meds = glucagon, eye drops, GI meds, etc.

Examples of other OTC meds = benadryl, tums, antihistamines, calamine lotion, etc.

8. Procedures/Treatments/Interventions Nursing

Number of procedures performed on students and staff this month.

Procedures/treatments that are typically provided for a pre-existing condition (usually requires as a MD order)	Student Procedures	Staff Procedures
A. Respiratory Procedures		
1. Peak Flow Monitoring		
2. Nebulizer Treatment		
3. Oxygen Saturation Check		
4. Oxygen Administration		
5. Suctioning		
6. Tracheostomy (Care, Cleaning, Tube Replacement)		
7. Auscultate Lungs		
B. Diabetic Procedures		
1. Blood Glucose Testing (Glucometer)		
2. Insulin Pump Care		
3. Carbohydrate/Insulin Calculation		
4. Check Ketones		
C. Cardiovascular Procedures		
1. Blood Pressure Measurement		
2. IV Infusion: Monitor infusion/administration, Tube replacement/adjustment, Pump monitoring, IV bag change		
3. Central Line Care: Site care, Flushing		
D. GI/GU Procedures		
1. Naso-gastric, Gastrostomy, or Other Feeding Tube Care or Usage		
2. Ostomy Care (Colostomy/Ileostomy/Urostomy)		
3. Catheterization or Catheter Care		
4. Bathroom Assist or diapering		
5. Weight measurement for medical condition not related to screening		
E. Orthopedic Procedures		
1. Orthotic or Prosthetic Device Adjustment; Wheelchair Assistance; Crutch Walking Instruction		
2. Physical Therapy (Range of Motion Exercises, etc.)		
F. Other Procedures		
1. Wound Care		
2. Head Checks for Pediculosis		
3. Administer Immunizations		
G. Other:		
	Total	Total

9. Communications (phone calls, letters) with anyone regarding IEPs and 504 Plans.	
10. Communications with parents or guardians (with or without students present) about individual student health issues (excluding IEPs or 504 Plans). Do NOT count general communications (sent to all parents) OR home visits.	
11. Communications with <u>school staff</u> about student health issues (excluding IEPs or 504 Plans).	
12. Communications with <u>community agencies and health care providers</u> about student health issues (excluding IEPs or 504 Plans).	
13. Home visits by school nursing staff.	
14. Number of student meetings attended.	

Linkages

15. Individual students without primary care providers who were referred to new primary care providers (see Guidelines).	
16. Individual students with regular primary care who were referred to their own primary care providers and other specialists.	
17. Individual students referred to health insurance providers (including MassHealth and Children's Medical Security Plan) Do not include mass mailings.	
18. Individual students referred for dental care.	
19. Individual students referred for mental health services (internal or external).	

Wellness Management

20. Hunger Management: Number of times food/snacks were provided this month

21. Number of health promotion/educational flyers or mailings in which school nurses were involved, that were distributed (by any means, e.g. automated voice message system, web sites) to parents/guardians this month: Do not count the size of the distribution of the distribution or mailing list, only the number of separate, distinct distributions.)

22. Wellness/Safety topics presented this month:

	# Presentations ⁶	# Students	# Staff	# Community
Blood Borne Pathogens				
CPR/AED Programs				
Crisis Team				
Environmental Health				
Fitness/Nutrition/Wellness				
Growth/Development				
Life Threatening Allergies				
Mental Health/Wellness				
Oral Health/Hygiene				
Other: _____				

⁶If a presentation is done by more than one nurse, only one nurse is to record the statistics for the presentation.

23. Support Groups/Clubs

Support groups that meet regularly for a specific purpose/need with school nurse involvement (lead, co-lead, or participates):

Type of Support Group/Clubs	Number of group meetings this month	Number of participants this month (count participants only <i>once</i> per month, for each type of group)		
		Student	Staff	Parent/Community
A Alcohol or Substance Abuse				
B Anger/Conflict/Violence Management				
C Asthma				
D Diabetes				
E Emotional / Psychosocial Support				
F Food Allergy				
G Gay/Bisexual/Lesbian/Transexual				
H Health Careers				
I Nutrition/Physical Activity				
J Peer Leadership				
K Other: _____				

24. Number of student assessments for suspected substance abuse.

25. Program Development

Number of building or district-wide (non-student-specific) meetings attended:

Crisis Management	
Emergency Preparedness	
Environmental	
Mental Health	
Policy Development	
Professional Development	
Other	

Comments About Public Health Problems

26. Please provide information about *illness outbreaks* that occurred this month, *unusual screenings* that had to be conducted this month, or other significant public health occurrences:

Glucagon Administration by Injection for the treatment of severe hypoglycemia

27. Provide PRN Doses Administered per Prescription this month.